

## **Chapter 7**

### **Health Promotion and Risk Reduction**

#### **26-7-1 Identification of major risk factors by department -- Education of public -- Establishment of programs.**

The department shall identify the major risk factors contributing to injury, sickness, death, and disability within the state and where it determines that a need exists, educate the public regarding these risk factors, and the department may establish programs to reduce or eliminate these factors except that such programs may not be established if adequate programs exist in the private sector.

Amended by Chapter 297, 2011 General Session

#### **26-7-2 Office of Health Disparities Reduction -- Duties.**

(1) As used in this section:

- (a) "Multicultural or minority health issue" means a health issue, including a mental and oral health issue, of particular interest to cultural, ethnic, racial, or other subpopulations, including:
  - (i) disparities in:
    - (A) disease incidence, prevalence, morbidity, mortality, treatment, and treatment response; and
    - (B) access to care; and
  - (ii) cultural competency in the delivery of health care.
- (b) "Office" means the Office of Health Disparities Reduction created in this section.

(2) There is created within the department the Office of Health Disparities Reduction.

(3) The office shall:

- (a) promote and coordinate the research, data production, dissemination, education, and health promotion activities of the following that relate to a multicultural or minority health issue:
  - (i) the department;
  - (ii) local health departments;
  - (iii) local mental health authorities;
  - (iv) public schools;
  - (v) community-based organizations; and
  - (vi) other organizations within the state;
- (b) assist in the development and implementation of one or more programs to address a multicultural or minority health issue;
- (c) promote the dissemination and use of information on a multicultural or minority health issue by minority populations, health care providers, and others;
- (d) seek federal funding and other resources to accomplish the office's mission;
- (e) provide technical assistance to organizations within the state seeking funding to study or address a multicultural or minority health issue;
- (f) develop and increase the capacity of the office to:
  - (i) ensure the delivery of qualified timely culturally appropriate translation services across department programs; and
  - (ii) provide, when appropriate, linguistically competent translation and communication services for limited English proficiency individuals;
- (g) provide staff assistance to any advisory committee created by the department to study a multicultural or minority health issue; and
- (h) annually report to the Legislature on its activities and accomplishments.

Amended by Chapter 192, 2011 General Session

**26-7-2.5 American Indian-Alaskan Native Health Liaison -- Duties.**

- (1) As used in this section:
  - (a) "Health care" means care, treatment, service, or a procedure to improve, maintain, diagnose, or otherwise affect an individual's physical or mental condition.
  - (b) "Liaison" means the American Indian-Alaskan Native Health Liaison appointed under this section.
- (2) Subject to budget constraints, the executive director shall appoint an individual as the American Indian-Alaskan Native Health Liaison.
- (3) The liaison shall on behalf of the executive director and the department:
  - (a) promote and coordinate collaborative efforts between the department and Utah's American Indian population to improve the availability and accessibility of quality health care impacting Utah's American Indian populations on and off reservations;
  - (b) interact with the following to improve health disparities for Utah's American Indian populations:
    - (i) tribal health programs;
    - (ii) local health departments;
    - (iii) state agencies and officials; and
    - (iv) providers of health care in the private sector;
  - (c) facilitate education, training, and technical assistance regarding public health and medical assistance programs to Utah's American Indian populations; and
  - (d) staff an advisory board by which Utah's tribes may consult with state and local agencies for the development and improvement of public health programs designed to address improved health care for Utah's American Indian populations on and off the reservation.
- (4) The liaison shall annually report the liaison's activities and accomplishments to the Native American Legislative Liaison Committee created in Section 36-22-1.

Enacted by Chapter 192, 2011 General Session

**26-7-4 Utah Registry of Autism and Developmental Disabilities.**

- (1) As used in this section, "URADD" means the Utah Registry of Autism and Developmental Disabilities.
- (2) The department may enter into an agreement with:
  - (a) the University of Utah or another person for the operation of URADD; and
  - (b) a person to conduct a public education campaign to:
    - (i) improve public awareness of the early warning signs of autism spectrum disorders and developmental disabilities; and
    - (ii) promote the early identification of autism spectrum disorders and developmental disabilities.
- (3) URADD shall consist of a database that collects information on people in the state who have an autism spectrum disorder or a developmental disability.
- (4) The purpose of URADD is to assist health care providers to:
  - (a) determine the risk factors and causes of autism spectrum disorders and developmental disabilities;
  - (b) plan for and develop resources, therapies, methods of diagnoses, and other services for people with an autism spectrum disorder or a developmental disability;
  - (c) facilitate measuring and tracking of treatment outcomes;

- (d) gather statistics relating to autism spectrum disorders and developmental disabilities; and
- (e) improve coordination and cooperation between agencies and other programs that provide services to people with an autism spectrum disorder or a developmental disability.

Enacted by Chapter 72, 2008 General Session

**26-7-7 Radon awareness campaign.**

The department shall, in consultation with the Division of Waste Management and Radiation Control, develop a statewide electronic awareness campaign to educate the public regarding:

- (1) the existence and prevalence of radon gas in buildings and structures;
- (2) the health risks associated with radon gas;
- (3) options for radon gas testing; and
- (4) options for radon gas remediation.

Amended by Chapter 451, 2015 General Session

**26-7-8 Syringe exchange and education.**

- (1) The following may operate a syringe exchange program in the state to prevent the transmission of disease and reduce morbidity and mortality among individuals who inject drugs, and those individuals' contacts:
  - (a) a government entity, including:
    - (i) the department;
    - (ii) a local health department, as defined in Section 26A-1-102;
    - (iii) the Division of Substance Abuse and Mental Health within the Department of Human Services; or
    - (iv) a local substance abuse authority, as defined in Section 62A-15-102;
  - (b) a nongovernment entity, including:
    - (i) a nonprofit organization; or
    - (ii) a for-profit organization; or
  - (c) any other entity that complies with Subsections (2) and (3).
- (2) An entity operating a syringe exchange program in the state shall:
  - (a) facilitate the exchange of an individual's used syringe for one or more new syringes in sealed sterile packages;
  - (b) ensure that a recipient of a new syringe is given verbal and written instruction on:
    - (i) methods for preventing the transmission of blood-borne diseases, including hepatitis C and human immunodeficiency virus; and
    - (ii) options for obtaining:
      - (A) services for the treatment of a substance use disorder;
      - (B) testing for a blood-borne disease; and
      - (C) an opiate antagonist under Chapter 55, Opiate Overdose Response Act; and
  - (c) report annually to the department the following information about the program's activities:
    - (i) the number of individuals who have exchanged syringes;
    - (ii) the number of used syringes exchanged for new syringes; and
    - (iii) the number of new syringes provided in exchange for used syringes.
- (3) No later than October 1, 2017, and every two years thereafter, the department shall report to the Legislature's Health and Human Services Interim Committee on:
  - (a) the activities and outcomes of syringe programs operating in the state, including:
    - (i) the number of individuals who have exchanged syringes;

- (ii) the number of used syringes exchanged for new syringes;
  - (iii) the number of new syringes provided in exchange for used syringes;
  - (iv) the impact of the programs on blood-borne infection rates; and
  - (v) the impact of the programs on the number of individuals receiving treatment for a substance use disorder;
  - (b) the potential for additional reductions in the number of syringes contaminated with blood-borne disease if the programs receive additional funding;
  - (c) the potential for additional reductions in state and local government spending if the programs receive additional funding;
  - (d) whether the programs promote illicit use of drugs; and
  - (e) whether the programs should be continued, continued with modifications, or terminated.
- (4) The department shall make rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, specifying how and when an entity operating a syringe exchange program shall make the report required by Subsection (2)(c).

Enacted by Chapter 269, 2016 General Session